



REVISION / PLAN AMENDMENT or ADDENDUM to STATE RELEASE
For Commercial, Institutional, Industrial, or Multi-Family Projects
City of Carmel; Department of Community Services

Permit has been issued: _____ Yes _____ No.		If yes, PERMIT #: _____	
BUILDER of RECORD:	NAME:	PHONE:	FAX:
	STREET ADDRESS:	CITY:	STATE: ZIP:
	BUILDER'S EMAIL ADDRESS:	BEST METHOD OF CONTACT:	
LOCATION & PROJECT INFO:	PROJECT NAME:	LOT # and SUBDIVISION NAME: (If applicable)	
	ADDRESS OF CONSTRUCTION:		
NEW SQUARE FOOTAGE OR AREA AFFECTED BY REVISION:	NEW ESTIMATED COST OF CONSTRUCTION:	NEW FOUNDATION TYPE: <input type="checkbox"/> SLAB <input type="checkbox"/> CRAWL SPACE <input type="checkbox"/> POST & BEAM <input type="checkbox"/> BASEMENT (Walkout __Y__ N)	
STATE COMMERCIAL DESIGN RELEASE #:	DATE OF AMENDED RELEASE:	NEW SCOPE(S) OF RELEASE: <input type="checkbox"/> FDN <input type="checkbox"/> STR <input type="checkbox"/> ARCH <input type="checkbox"/> MECH <input type="checkbox"/> PLUM <input type="checkbox"/> ELEC <input type="checkbox"/> SPKLR OTHER(S): _____	
# of Floors: _____; Elevator/Lift: <input type="checkbox"/> YES <input type="checkbox"/> NO	BLDG. CONSTRUCTION TYPE: OCCUPANCY CLASSIFICATION:		

DESCRIPTION OF AMENDMENT/REVISION, AND/OR STATE RELEASE ADDENDUM/UPDATE INFORMATION:

<p>Class I structure permits are subject to the General Administrative Rules of the State of Indiana (See 675 IAC 12) regarding expiration time frames for beginning and completing construction.</p> <p><u>I, the undersigned</u>, agree that any construction, reconstruction, enlargement, relocation, or alteration of a structure, or any change in the use of land or structures requested by this application will comply with, and conform to, all applicable laws of the State of Indiana, and the "Zoning Ordinance of Carmel Indiana - 1993" (Z-289) and amendments, adopted under authority of I.C. 36-7 et seq, General Assembly of the State of Indiana, and all Acts amendatory thereto. I also certify that only kitchen, bath, and floor drains are connected to the sanitary sewer. I further certify, under the penalties of Perjury (Indiana Code 35-44-2-1) that all of the information I have provided in this Application and other documentation is true and accurate to the best of my knowledge and belief, and that I have not knowingly or intentionally provided or omitted any information that would tend to hide, obscure, or otherwise mislead the Dept. of Community Services regarding the truth of the matters addressed. I also agree that the construction will not be used or occupied until a <i>Certificate of Occupancy</i> has been issued by the Department of Community Services, Carmel, Indiana.</p> <p>_____ Signature of Owner or Authorized Agent Print Date</p>
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OFFICE USE ONLY: *****			
NEW INSPECTIONS REQUIRED:		PLAN AMENDMENT/REVISION FEE: _____	
Upper Footing	Lower Footing	Under Slab	ADDITIONAL SQUARE FOOTAGE: _____
Rough In	Meter Base	Final	NEW INSPECTIONS REQUIRED: _____ (If additional inspections other than what already remain on the existing permit are required.)
Site		TOTAL: _____	
Reviewed/Approved: Dept. of Community Services (Date)		Fee Received by: _____ Date	
S:Permits/Forms/Plan Amend Commercial, Ind, Inst, Multi			